



# West Virginia Department of Transportation Division of Motor Vehicles Application for Certificate of Title

FOR DMV USE ONLY

CLASS \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
PLATE NUMBER \_\_\_\_\_  
DL OR ID NUMBER \_\_\_\_\_

TYPE OR PRINT IN BLUE OR BLACK INK

MAKE CHECKS PAYABLE TO THE DIVISION OF MOTOR VEHICLES.  
INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM.

The buyer(s)/owner(s) of the following motor vehicle make application for this motor vehicles Certificate of Title and hereby state the following:

NAME(S) \_\_\_\_\_

**MAILING ADDRESS**

Number Street City or Town County State Zip Code

**VEHICLE DESCRIPTION**

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ V. I. N \_\_\_\_\_

STYLE OF BODY \_\_\_\_\_ WEIGHT \_\_\_\_\_

ODOMETER READING (No Tenths) \_\_\_\_\_  
Title Brands:  SALVAGE  RECONSTRUCTED  OTHER: \_\_\_\_\_  
Passenger vehicle only TRUCKS Requested (GVW)

PURCHASE PRICE \$ \_\_\_\_\_ TRADE IN \$ \_\_\_\_\_ NET COST \$ \_\_\_\_\_ 5% SALES TAX \_\_\_\_\_  
(Credit allowed only on vehicles titled in West Virginia and the tax paid thereon by applicant)

**TRADE-IN DESCRIPTION**

1) Make Year VIN/Serial no. West Virginia title number  
2) Make Year VIN/Serial no. West Virginia title number

**REGISTRATION PLATE TRANSFERRED FROM (Send copy of registration card both sides)**

Make of Vehicle Weight VIN/Serial Number Title Number License Plate Number

**LIENS AND ENCUMBRANCES**

1 NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ KIND OF LIEN \_\_\_\_\_ DATE \_\_\_\_\_  
Street City State Zip Code C/S/C D/T S/A

2 NAME \_\_\_\_\_ AMOUNT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ KIND OF LIEN \_\_\_\_\_ DATE \_\_\_\_\_  
Street City State Zip Code C/S/C D/T S/A

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that the statements made are true and correct to the best of my knowledge and belief under penalty of false swearing. West Virginia Motor Vehicle Law § 17A-9-1: Fraudulent Applications.

NAME OF INSURANCE COMPANY \_\_\_\_\_  
NAME OF INSURANCE AGENT \_\_\_\_\_  
INSURANCE POLICY NUMBER \_\_\_\_\_  
NATIONAL ASSOCIATION INSURANCE COMMISSIONERS (NAIC) NUMBER \_\_\_\_\_

**THIS TITLE APPLICATION MUST BE SIGNED BY THE PURCHASER(S)/OWNER(S)**

If the title reads "AND" Both Signatures of Owners Must Appear  
**(X)**  
**(X)**

**\*\* INSURANCE MUST BE IN EFFECT WHEN THIS APPLICATION IS RECEIVED**

**DEALER CERTIFICATION**

This is to certify that the above described vehicle was acquired from \_\_\_\_\_ on month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ and sold to the above named purchaser on month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_. The undersigned dealer further certifies that the sale price, trade-in, and net cost are true and accurate and that the Federal Odometer Regulation has been satisfied. Federal regulations require that you state the odometer mileage upon transfer of ownership. I certify to the best of my knowledge that the odometer reading is \_\_\_\_\_ and reflects the actual mileage of the vehicle unless one of the following statements is checked: \_\_\_\_\_ Mileage stated is in excess of its mechanical limits (or) \_\_\_\_\_ The odometer reading is not the actual mileage - WARNING-ODOMETER DISCREPANCY

DEALER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE (X) \_\_\_\_\_ DEALER LICENSE NO. \_\_\_\_\_

# Instructions

- Type or complete this application in **BLUE OR BLACK INK ONLY**.
- **DO NOT SEND CASH. SEND CHECK OR MONEY ORDER** payable to the Division of Motor Vehicles. Any check that is not honored for payment will result in a **\$10.00 SERVICE CHARGE**.
- If the vehicle was previously titled in another state, the title must accompany this application.
- If there is a lien, make sure the complete address and zip code are included.
- If you wish to purchase a new plate, include the appropriate fees detailed below.
- A statement of insurance must be submitted with each application for motor vehicle registration.
- Credit on trade-in allowed only for vehicles titled in West Virginia and taxes paid thereon by applicant.

## Table of Fees

Type of Fee	Fee Information	Fee Totals
<b>Title Fee</b> (This fee is required)	<b>\$10.00</b>	<b>\$10.00</b>
<b>Lien Fee - If applicable</b> (\$5.00 Per Lien)		
<b>License Plate Transfer Fee - If applicable</b>	<b>\$5.50</b>	
<b>5% Sales Tax</b> (All sales under \$500.00 must pay \$25.00 instead of 5%)	<b>X .05 =</b>	
<b>Fee for Registration and License Plate - If applicable</b> <input type="checkbox"/> Class A - Cars & Trucks up to 10,000 lbs. <input type="checkbox"/> Class M - Mobile Equipment <input type="checkbox"/> Class B - Trucks 10,001 lbs. and up <input type="checkbox"/> Class R - Travel Trailers <input type="checkbox"/> Class G - Motorcycles <input type="checkbox"/> Class T - Trailers <input type="checkbox"/> Class H - Buses <input type="checkbox"/> Class V - Antique Vehicles <input type="checkbox"/> Class J - Taxi Cabs	SEE THE "MOTOR VEHICLE REGISTRATION FEE" BROCHURE FOR A FEE SCHEDULE. <a href="http://www.dmv.wv.gov/manuals">www.dmv.wv.gov/manuals</a>	
<b>TOTAL PAYMENT REQUIRED</b> (Send a check or money order ONLY if mailing this application) =		

## Checklist

- Is the application completed, including signatures?
- Did you enclose a check or money order payable to DMV for the total fees and payment due?
- Do you have all required documents such as:
  - Proof of insurance (Certificate of Insurance WV-1) or a completed statement of insurance
  - Copy of the registration card front and back if you are transferring a license plate
  - Out-of-State title if the vehicle was previously titled in another state

### MAIL ALL REQUIRED DOCUMENTS, FORMS, AND PAYMENT TO:

Division of Motor Vehicles  
 5707 MacCorkle Avenue, SE, PO Box 17710  
 Charleston, WV 25317

**Toll Free Telephone (In-state only)** 1-800-642-9066  
**Out of State** (304) 558-3900